

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033029

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 29

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Portageville</u>		c. CITY OR TOWN <u>Portageville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>Portageville</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>U.</u> Last <u>Parson</u>		4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/19/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Unknown</u>		11b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W. W. I</u>		13. SOCIAL SECURITY NO. <u> </u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular disease @ 5 years</u> DUE TO (c) <u> </u>		15. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe advanced Pulmonary Emphysema</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. CITY, TOWN, OR LOCATION COUNTY STATE		
23. I attended the deceased from <u>October 1958</u> to <u>8/15/63</u> and last saw him alive on <u>7/5/63</u>		24. Death occurred at <u>8:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
25. SIGNATURE <u>J. Drabbe, M.D.</u> (Degree or title)		26. ADDRESS <u>Portageville, Mo.</u>	
27. BURIAL, CREMATION, or other disposal (Specify)	28. DATE <u>8/17/1963</u>	29. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	30. LOCATION (City, town, or county) (State) <u>Portageville Missouri</u>
31. FUNERAL DIRECTOR <u>Delisle Funeral Home</u> ADDRESS <u>Portageville, Mo.</u>		32. DATE REGD. BY LOCAL REG. <u>8/20/1963</u>	
33. REGISTRAR'S SIGNATURE <u>William D. Mellem</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 30 1963

SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Joseph A. Lish

Licensed Embalmer No. 4481

P. O. Address Wagwell Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.